BINDING

FOR

MARGIN RESERVED

V. S. No. 1

M

(Yeer)

Date of enset

10.23

(Address) Reistrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

PLACE OF DEATH County Clarks
County Clarles
Village or City Indian &
2FULL NAME BE

119)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.____

Village or City Mouam of Cady No. 2FULL NAME Belly Jean Be	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Hute Single, MARRIED, Lingle CR DIVORCED (Write the word)	16 DATE OF DEATH Oct. 28, 1986 (Month)—(Day)(Year)_
6 DATE OF BIRTH Tuay (C.: opti) (Day) Trear	that I last saw h evalue on Ott 22, 1936.
7 AGE [If LESS than	and that death occured on the date stated above, at
yrs. 5 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work.	Carour Jujourum -
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs ds.
DESTRIPLACE (State or country) Include Office of Country) Include of Beauty. 10 NAME OF STATHER STATE OF FATHER OF FATHER PROMARDS. (State or country) Virginia.	Signed: M. D. *Stte the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER / Manages as (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis mos. ds. State yrs mos. ds. Where was discose contracted.
(Informant) Mes. Beauty	if not at place of death? Former or usuel residence.
(Address) Dedian Bead Pula.	Migal, and, Oct 24, 1986.
15 Filed Bot 23 1936 / E Surring AN . Registral	Level Shellow Adian Had Me

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman.
(a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired rom business, that fact may be indicated thus; Farmer (xee household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken whatever, write Nonc. Housemaid, etc. If the occupation has been changed Foreman, or At Home, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer, and children, not gainfully em-The material (b) Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc.. ef (name origin; "Cancer" is less definite; avoid telogus) may be stated under the head of "contributory " diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anærnia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury American Medical Association.) approved by Committee on parbolic acid-probably suicide. The nature of the injury, fracture of skull, and consequences (e.g., sepsis, Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic etc. The contributory Nomenclature of the disease; not be

If this pertificate is looked over thoroughly and all questions unswered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

N. B.-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

-0	0	0	6-flip	n	
- 1					
1	U	4	- 6	21	

1. PLACE OF DEATH	na na
County Chaples	Registration Dist. No. 161
Village or City ugsh	NDSt.,Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,9 mos	
2. FULL NAME Mousio Cleftin	Chose
(a) Residence: No. Residence Same (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 16 , 193 36 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month day and year) In any 3, 1936.	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
SAWYER, BDOKKEEPER, etc.	Marasmus 6/3
Industry or business in which	Grimany Cause & Gastroventereties Cut R.
work was done, as SILK MILL, SAW MILL, BANK, etc.	Divation? three monthers
D 1D. Date decessed last worked et this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Prograh (State or country)	Dther Contributory Causes of importance: - Irrepreper and inadegrate diet from
13. NAME Engene Chane	
14. BIRTHPLACE (city or town) Pagah	Name of operation Date of
(State or country)	What test confirmed diagnosis? Westhere an eutopsy?
15. MAIDEN NAME Lucille Lucille 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
2 (State or country) 17. INFORMANT John - Engage Coase	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Przych hel	
18. BURIAL, CREMATIDIN OR REMOVAL Place Date 04/8, 1936	Manner of Injury
19. UNDERTAKER Engine Chine	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CLC+ 17, 1934 Mary Switherland	(Signed) Judian Good Left M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago
		Other contributory gayges of importance.	
Other contributory causes of Importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

BINDING

FOR

RESERVED

ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (II death occurred in a hospital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred How long in U.S. if of foreign birth?______yrs.____mos.____ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Oav) (Year) 5a. If married, widowed, or divorcad HUSBANO of F.Y. That I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months 0avs If LESS than to have occurred on the date stated above, at I day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or _ min. 8. Trade, profession, or particular TION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (yaars) this occupation (month and occupation ____ Other Contributory Causes of importance 12. BIRTIPLACE (city or town) (State or country) FATHER I3. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis?.. Was there an autopsy? HER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicida?_____ Data of injury______19___ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. I7. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? UNDERTAKER If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WON NO.			
Other contributory causes of importance:	Augite)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	125	PHYS
	E	<u></u>
BINDING	UNFADING INK—THIS IS A PERMANENT RECORD	supplied. AGE should be stated EXACTLY.
FOR	IS A	stated
IARGIN RESERVED FOR BINDING	INK-THIS	E should be
IARGIN R	UNFADING	supplied. AC

V. S. No.

state OCCUPAof infor-1. PLACE OF DEATH pluods Jo ICIANS statement 2. FULL NAME Exact 3. SEX properly classified. 5a. If marriad, widowed, or divorced HUSBAND of certificate. 6. DATE OF BIRTH (month, day, and ye 7. AGE OCCUPATION pe Jo back in plain terms, so that it may See instructions on 12. BIRTHPLACE (city or town) FATHER mation should be carefully MOTHER important. DEATH 17. INFORMANT very CAUSE OF -WRITE FION is m

County_ Village or City_

(or) WIFE of

Length of residence in city or toy

PERSONAL AND ST

8. Trada, profession, or particular

ladustry or business in which work was dona, as SILK MI

SAW MILL, BANK, etc 10. Date dacaasad lest worked et

(State or country)

15. MAIDEN NAME

(Addrass)

14. BIRTHPLACE (city or town) ... (Stata or country)

16. BIRTHPLACE (city or town). (State or country)

13, NAME

(a) Residence: No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10281
CE OF DEATH	10001
nty Charles	Registration Dist. No. 103
age or City Bel altan	No. St. Ward
/ii	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
I NAME James Lawrence Thor	A
Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 2 (Pey) (Year)
ed, widowed, or divorced ()	22. I HEREBY CERTIFY. That I attanded dacaasad down
BIRTH (month, day, and year) Queg. 20, 1936	I last saw harm die on Oct 2 ,19.36; death is said
Yaars Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, et 102. Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
da, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Death from natural Date of onset
Ustry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc	marasmus due to feeding
this occupation (month and spant in this occupation coupation coup	not gastro enterities Questa (Difficult
PLACE (city or town) Belalton, Md.	Other Contributory Causes of importance: Reading since birth
ME Laurence Thomas	termed decomposition, in Tinkelsteins Closis
THPLACE (city or town) Wash, D.C. (Stata or country)	Name of operation Date of Whet test confirmed diagnosis? Wes there en eutopsy? NS
IDEN NAME Eleanor Ford	23. If daath was due to external causes (VIOLENCE) fill in also the following:
THPLACE (city or town) Belalten Md	Accident, suicida, or homicida? Date of injury 19

18. BURIAL, CREMATION, OR REMOVAL/11/6

19. UNDERTAKER (Addrass)

Registrar.

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury

24. Was disaase or Injury in any way related to occupation of decaased?_

If so, specify (Signad).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Where did Injury occur?_.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis c 1096	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV	¥921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
BUIGAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND

HYSI- Exact	PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
LY, P	m Al.	Registration Dist. No.
EXACTL' ity classifi	2FULL NAME John M. Joseph	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instend of street and number.)
stated E properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be ck	Male White (Write the word)	16 DATE OF DEATH (Cat. 10, 1936 (Month) (Day) (Year)
5 + 0	Sep. R. 1869 (Conth) (Day) (Year	that I last saw harmalive on Oct 9, 1936.
plied ACEs ms so that i	7 AGE [If LESS than I day hrs. mos. 19 ds. or min.?	and that death occurred on the date stated above, at
y sup in ter	(1) Trade, profession or particular kind of work (b) General nature of industry	Gastrec Carcinoma.
carefull H in pla portant.	business, or establishment in which employed or (employer)	(Duration)yrs ds.
EATH In Importa	9 BIRTHPLACE (State or country) Glas gow, Scotland	Contributory Secondary Duration yrs mos de
hould OF D	10 NAME OF Bert Mc Gonald	(Signed) Get. C. Biokull M. D. (Signed) M. D. (Signed) M. D.
CAUSE ATION IS	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
f Informati	of MOTHER Chine Banks. 13 BIRTHPLACE T. P. C.	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
4-20	OF MOTHER (State or country) Scotland	of death yis mos ds. State yis de.
	(Informant) Elizabeth Shully	if not at place of death? Former or usual residence.
Every Item CIANS shot statement	(Address) Washington, A.C.	Pomorkey Md Oct 13, 19 36,
BEV	Filedact 196 mary Southeling	Dunt Pryon Waldorf, Md
2	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Bafty., Requesting V. S. No. 1.

WRITE

RECORD

BINDING A PERMA

MARGIN RESERVED FOR

ITH UNFADING INK---THIS IS



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emto report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Day

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic ccrebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") pneumonia Bronchopneumonia ("Pneumonia."

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably succide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage by Committee on Chronic etc. valvular Nomenclature of the The contributory heart not be disease;

answered in detail, it will prevent further correspondence. permanantly filed. data is essential and must be obtained before the cartificate is If this certificate is looked over thoroughly and all questions A.Ithe

state infor-

pluods

Every

OCCUPA.

Jo

statement PHYSICIAN

Exact

certificate.

of

back

on

instructions

See

important.

very

S

LION

V. S. No. 1

classified 6 properl THIS may should INK that UNFADING 08 supplied. terms, plain carefully in DE plnods OF WRITE AFSE ion

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration Dist. No Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth?_____yrs.____mos.. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) marr (Month) (Year) 5a. If marriad, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and/ear) 7. AGE Years Months If LESS than to have occurred on the date stated above, at 1:00 Q. m 27 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. were as follows: Date of enset 8. Trade, profassion, or perticular OCCUPATION kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc._ 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Data deceased last worked at 11. Totel time (years) this occupetion (month end spant in this occupation 12. BIRTHPLACE (city or town (State or country) D. C FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation (State or country wed What test confirmed diagnosis? Was there an autopsy?. MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_ 16. BIRTHPLACE (city or town ---- Date of injury (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	Sec. 11.3
Gallstones	May 1,1923	Gastroenteritis	1 year
THE PROPERTY OF THE PROPERTY O			

nfor state JPA	STATE OF MARTEAND	CLIVIII ICAIL OF DEATH 1000x
· P(1. PLACE OF DEATH	119
on of occ	County Charles	Registration Dist. No. / W
- E E	Village or City Port Tolacco ma	No. St., Wai
= 0		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
ANS ANS		
D. Every SICIAN tatement	2. FULL NAME poseph Ploctor	If U. S. Veteran, specify WAR
20 20	(a) Residence: No. Doy John European (Usual place of abode)	/- St., Ward. If nonresident give city or town and State
E P C	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
recci Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
EX	male Cel OR DIVORCED ("write the word)	Oct 15 1936
VG ENT TLY	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified te.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
G Z X Z	- 11 apri	, 19, to, 19, 19
PE BI	6. DATE OF BIRTH (month, day, and year) Wont Know	I last saw h; death is sa
FOR BI IS A PEI stated E properly	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A stated proper	(0 mo ormin,	were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	no physicien when this
TH d l	9. Industry or business in which work was done, as SILK MILL,	Del la examination
ERVI VK—T) should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Day was to Free Toronto by
INK shot	11. Total time (years) this occupation (month and spent in this	to deathy
	year) occupation	Other Coutributory Causes of importance:
	12. BIRTHPLACE (city or town) Prince Meo. Co	mal nutritin (Probably
IARGIN UNFADIN upplied. A terms, so	(State or country)	gaino enteretis.
MARGI UNFAI supplied n terms, ee instru	13. NAME Carmond a. Proclos	
MA UH U sul	13. NAME Raymond a. Proclos	Name of operation Date of
	(State of country)	What test confirmed diagnosis? Was there an autopsy?
INLY, WIT be carefully EATH in pla	15. MAIDEN NAME Pearly Thompson	23. If death was due to external causes (VIDL ENCE) fill in also the following:
car HH orts	o 16. BIRTHPLACE (city or town) Chas Co	Accident, suicide, or homicide? Date of injury, 19
AINLY, Id be can DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT John a. Moelor	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Should OF D	(Address) Port Jovaces md. 18. BURIAL, CREMATION, OR REMOVAL	
E :	Place St Thomas Constrate Oct 16 1936	Manner of injury
WRITH mation S CAUSE TION is	Sal a Di-T	Nature of injury
L N CA	19. UNDERTAKER CANA CANA CANA (Address)	24. Was disease or injury in any way related to occupation of deceased?
S. No.	Cat 11 31 1.01 . Man	(Signed) Lillian Posly. Reg. M
þ z	20. FILED CG. 16 , 19 2 6 As all Can U. P. October Registrar.	(Address) Ad Platis 770 - M.
	n Acgistat.	(11001000)

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1936	1915	Attack of epilepsy	1 week ago
Unronic interstituat nephruis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

1ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

4	0	0	0	fire
1	U	2	0	J

1. PLACE OF DEATH		(23)		
County Clarles			Registration Dist.	ND. /00
Village or City Newlung		ND. f death occurred in a hospital or insti	Andrew Co. In Brands	St.,Ward
Length of residence in city or town where death occurred		death occurred in a nospital or instiguent the second of t		
2. FULL NAME William Out	thus Proc	tor		
(a) Residence: No. New Questions (Usual pilot	e of abode)	St.,Ward.	If nonresident give	city or town and State
PERSONAL AND STATISTICAL PART	riculars	MEDICAL O	CERTIFICATE O	F DEATH
OR DIVORC	RRIED, WIDOWED,	21. DATE OF DEATH	October 6	Q. 4 , 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Nora Pro		1 - 11		That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 27 8 17	10.0	I last saw h Arm . The on to have occurred on the date sta The PRINCIPAL CAUSE OF DE/were as follows:	Oct. 24 ted above, at 10,55	, 19 .3 4. ; deeth is said
O has occupation (month and the specific specifi	farm I time (years) pent in this 7	Cho. pulmon	my tobercule	June, 193
12. BIRTHPLACE (city or town) Open Marl (State or country)	boro (?)	Other Contributory Causes of im	portance:	
I 13. NAME Thomas H. Pro	to			
13. NAME TRANS H. Pros	o, Mal.	Name of operation	at loop tak	Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Carte or country)	Robertson	23. If death was due to external c	auses (VIOLENCE) fill in a	also the following:
16. BIRTHPLACE (city or town) Po. Sec. C	o, ma.	Accident, suicide, or homicide?_	Date	of injury, 19
(State or country) 17. INFDRMANT Many Nove Procl	52	Where did injury occur? Specify whether injury occurred	(Specify city or town	o, county and State) or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Date Date	26,1936	Manner of injury		
19. UNDERTAKER Hunts and Ru (Address) Waldry M	m 100	24. Was disease or injury in any If so, specify	way related to occupation	
20. FILED UCT W, 193 6 R 18 Luis	Negistrar.	(Signed) (Address)	a Plata, Ma	ryland. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1930	July 5, 1927	Peritonitis	3 days ago	
DEAU V.S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAN	N
---	--------	---

	at	do	CE
	8	pr	of
WRITE P NLY, ITH UNFADING INKTHIS IS A PERMA	N Bar-Every itom of information should be carefully supplied ACE should be staft	pe	etatement of OCCUPATION is very importantly See instructions on back of ce
×	g	3	bad
ER	no	F	n
۵.	sh	ij	S
1	D E	nat	on
S	Ā	1 0	oti
IS	pe	8	tru
H	id	ms	ins
1	dn	tor	96
¥	00	ı	S
4	=	ola	5
9	of	n	tai
2	eal	I	100
AL	00	AT	E
上	p	E C	×
5	inc	1L	Vel
H	sh	0	9
	L	SE	Z
	tio	Ä	2
>	na	0	A
Z	Ori	ate	5
	inf	St	S
A	of	p	0
ш)	2	nou	10
	tor	S	en
N.	, i	S	em
	10/	A	ate
	H	0	0
	B	900	7
	Z	-	-

C. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Charles '	CERTIFICATE OF DEATH
County	(3) Registration Dist. No. 162
Village or City Grayton (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Grace Vile	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH Ott. R1, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from 20,192 6 to 192
(Month) (Day) (Year	that I last saw heralive on Oct 20 , 1976.
7 AGE [If LESS than	
80 yrs. 7 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) I rade, profession or particular kind of work	olisiasi :
(b) General nature of industry business, or establishment in	(Duration) yrs mos de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Riverside, Ind.	Secondary (Duration) yrs mos de
FATHER Patrick Turner	(Signed) Les. C. Bicknell M.D.
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) OF FATHER (State or country) OF FATHER (State or country) OF FATHER (State or country)	*State the Discase Causing Desth, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Kate Pobertson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (Stats or country) Of Control of Control Of Mother of Country)	At place of death yis mos ds. In the State yrs ds. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Kate Dorsey,	Former or usual residence
(Address) nanjemoty, Mid.	Princicle and. Out h3, 1936
15 Filed DC 22 36 DN Thompson	Lanly Pinner Risach M.



(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," "Deal-Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons cn Foreman, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

garbotic acid—probably sucide. The nature of the injury, Vtalken. State cause for which surgical operation was understated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of accident, Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease Whooping cough; approved by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature Chronic etc. valvular heart disease; The contributory Mensles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

If more b.anka are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting

STATE OF MARYLA

CERTIFICATE OF DEATH

Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.) DICAL CERTIFICATE OF DEATH That I attended the deceased from (Duration)yrs... *State the Discase Causing Death, Violent Causs, atate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the



(Approved by U. S. Census and American Public Health Association.)

er," etc., Withous -- Laborer -- Laborer -- Laborer state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, Compositor, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager, worked on may form part of the second statement. nature of the business or industry, and therefore an report specifically the occupations of persons en-6 yrs). For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Architect, -Coal mine, etc. Locomotive engineer, ""Deal-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia."); Lobar pneumonia. Bronchopneumonia ("Pneumonia.");

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonilis, "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY eough; Chronic " " Old Age, etc. affection need not be valvular heart Always qualify all The contributory " Shock," disease;

If this cartificate is looked over thoroughly and all questions any ored in berall, it will prevent further correspondence. A lthe data is essential and must be obtained before the cartificate is permanently fluid.

10288

1. PLACE OF DEATH	101-21	
County Charles	Registration Dist. No. 10	7
Village or City I werell	e No. St	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence In city or town where death occurredyrsmo	sds. How long in U.S. if of foreign blrth?yrsmo	sds.
2. FULL NAME LIGHTLE D. Slyc		
(a) Residence: No. //	St.,Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 ()
5a. If married, widowed, or divorced	(month) (Day)	(Teat)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended of	deceased from
	7,19, to	, 19
6. DATE OF BIRTH (month, day, and year) 6 2 6	I last saw h	; death is said
7. AGE Years Months Days If LESS than I day,hrs,	to have occurred on the date stated above, atm.	
4 57 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
SAWYER, BOOKKEEPER, etc.	- Mosselma wed	10/21/20
work was done, as SILK MILL, SAW MILL, BANK, etc	nomforgunden men Mann	136
11. Total time (years)	instead his completed and	
O this occupation (month and spent in this year) occupation	other As As As	
I Planes.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	-	
W 13, NAME PLANE		
E Maria		
(State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Land Aries 16. BIRTHPLACE (city or town) Land Research	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury	, 19
1_0	Where did injury occur?(Specify city or town, county and State	:)
17. INFORMANT TO THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
(Address) (A A A A A A A A A A A A A A A A A A		
Place to by Short Cross Dete 11-1-19,36	Manner of Injury	
0 0	Nature of injury	
19. UNDERTAKER KIChard Styr	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Utdans	If so, specify	
20. FILED/1-1-, 1936 & R. Handley	(Signed)	M. D.
Registrar.	(Address) / Apparent	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Ngl 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I				Example II		
The principal cause of dea of importance were as follows:	th and related cows:	auses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 6	1036	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	, , , ,		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	V. S	July 5,1927	Peritonitis	3 days ago	
	4	A STATE OF THE PARTY OF	against and a fine			
Other contributory causes	of importance:			Other contributory causes of importance:		
Gallstones	10		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TADDITION	OI ALVIA	TOTO	T OIGHTHILL	DIVITINITIA	DI	THEOLOGIAM

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	0	0	0	0
1	U	4	0	3

1. PLACE OF DEATH	117
County Charles.	Registration Dist. No.
Village or City Hear Part Johacco (If Length of residence In city or town where deeth occurred yrs. mos.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME John Edward (a) Residence: No. 1	ds. How long in U.S. If of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Oclober 15, 193 6. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	I lest sew h live on Oek / 3 , 19.3 (eeth Is said to have occurred on the dete steted above, et / 2:00 p.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEFER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked at this occupetion (month end year) spent in this occupetion.	gasho enteritio 02.
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance: Prosubstilly of Lucy. Caugewille
14. BIRTHPLACE (city or town) Charter Co. (State or country) Mrd.	Name of operation Date of Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Laura Pearl Proctor 16. BIRTHPLACE (city or town) Char. Co. (Stete or country) 17. INFORMANT CAMPACIAN Proctor (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date Oct 16, 1936	Menner of injury
19. UNDERTAKER C. W. Kobey Olty W. (Address) 20. FILED CATT., 1936 Alllian Posly Registrar.	24. Wes disease or injury in any wey releted to occupetion of deceased? If so, specify (Signed) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1 week ago
Attack of emilensy
1 week ago
Run over by street car 1 week ago
Peritonitis 3 days ago
Other contributory causes of importance:
3 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	----------------	------------	----	-----------